3rd November 1931]

applications originally made in November were found to be lost and permits had therefore to be granted during the Tahsildar's camp in the village in February 1931. By the end of December when the last permit was issued the tank had about three months' supply.

(*e*) & (*f*) No loss was sustained by the wet land owners for want of water. The area of wet lands on which the yield was below normal is 56·49 acres. The low yield was due to late cultivation by ryots' neglect.

(*g*) The extent of wet ayacut—595·01 acres.

Revenue collected on it—Rs. 3,978–1–5.

Extent of dry lands the irrigation of which was permitted—318·96 acres.

Revenue collected on it—Rs. 955–3–0.

Appendix VI.

[Vide answer to question No. 607 asked by Mr. C. Basu Dev at the meeting of the Legislative Council held on the 3rd November 1931, page 530 supra].

G.O. No. 1705, P.H., dated 11th September 1931.

The report of the Committee appointed by the Government to consider the question of revising the rules relating to honorary medical officers is published for general information.

(By order of the Government, Ministry of Local Self-Government)

S. G. Sengodaiyan,
Secretary to Government.

To the Surgeon-General.
Press.

Appendix.

Proceedings of the Committee appointed in G.O. Ms. No. 917, P.H., dated 16th May 1931, to consider the question of revising the rules relating to honorary medical officers and the terms of reference in the Government Order.

The Committee met on two occasions on July the 15th and on August the 8th, 1931 and on each occasion the following members were present :—

President.

(1) Major-General C. A. Sprawson, C.I.E., V.H.S., I.M.S.

Members.

(2) Lieut.-Col. R. G. G. Croly, I.M.S., Superintendent, Government General Hospital, Madras.

(3) Dr. A. Lakshmanaswami Mudaliyar, B.A., M.D.

[3rd November 1931

Members—cont.

(4) Dr N. Venkataswami Chetti, M.B.C.M., District Medical Officer, Chingleput.
(5) Dr. T. Krishna Menon, M.B.C.M., M.R.C.S., L.R.C.P.
(6) Dr. T Satakopan, M.D
(7) Dr. U. Rama Rao, L.M.P., and
(8) Dr. K. B. Bhujanga Rao, L.M.P.

Dr. C. Natesa Mudaliyar, L.M.S., M.L.C., was not present on either occasion.

In the interval between the two meetings of the Committee, the Conference of District Medical Officers was held, and this Conference discussed several points connected with the employment of honorary medical officers and made recommendations thereon. These recommendations were placed before the Committee on Honorary Medical Officers, who therefore had the advantage of knowing the opinions of a large body of senior medical officers from the mufassal.

It should be emphasized that though the present Committee on Honorary Medical Officers was representative of several interests, yet all its findings on the present occasion have been practically unanimous.

The following recommendations are made by the Committee :—

I. It was agreed that the designation 'honorary sub-assistant surgeon' should be discontinued, and that holders of the L.M.P. qualification should be eligible for appointments and for the same nomenclature as medical graduates.

II. No honorary medical officer shall serve in that capacity once he has completed his 55th year.

III. Nomenclature of the honorary medical officers should be considered separately as regards teaching and non-teaching institutions.

(*a*) NON-TEACHING INSTITUTIONS.

It is decided that there should be three grades of honorary medical officers—

(1) Clinical assistants.
(2) Honorary assistant surgeons or honorary assistant physicians.
(3) Honorary physician or honorary surgeon.

Honorary medical officers appointed for a speciality, such as, ophthalmology, ear, nose and throat work, pathology, radiology, venerology, dermatology, including leprosy work will be appointed to one of the above three grades with further indication as to their speciality.

Ordinarily an honorary medical officer will start from the lowest grade and gradually work up; in exceptional cases and for special reasons the recommending authority may propose deviations from this course.

(1) *Clinical assistants.*—The minimum period that an honorary medical officer shall spend as a clinical assistant is two years. From this period the period spent as house surgeon or house physician in a Government hospital may be deducted.

The maximum period during which an honorary medical officer can remain as clinical assistant is five years.

3rd November 1931]

(2) *Honorary assistant surgeon or assistant physician*.—There should be no time-limit for the tenure of office of an honorary assistant surgeon or honorary assistant physician.

(3) *Honorary surgeon and honorary physician*.—Higher academic qualifications although a recommendation, shall not be considered essential for these honorary surgeon or physician appointments. But the applicant should satisfy one or more of the following demands:—

(*a*) That the practitioner has held hospital or other appointments affording special opportunities for acquiring special skill and experience of the kind required for the performance of the service rendered, and has had actual recent practice in performing the service rendered or services of a similar character, or

(*b*) that he has had special academic or post-graduate study which comprises the service rendered; and has had actual recent practice as aforesaid, or

(*c*) that he is generally recognized by other practitioners in the area as having special proficiency and experience in a subject which comprises the service rendered.

(*b*) TEACHING INSTITUTIONS.

It is decided that there should be three grades of honorary medical officers—

(1) Clinical assistants.

(2) Honorary assistant surgeons or honorary assistant physicians.

(3) Honorary physician or honorary surgeon.

Honorary medical officers appointed for a speciality such as ophthalmology, ear, nose and throat work, pathology, radiology, venerology, dermatology, including leprosy work will be appointed to one of the above three grades with further indication as to their speciality.

Ordinarily an honorary medical officer will start from the lowest grade and gradually work up; in exceptional cases and for special reasons the recommending authority may propose deviations from this course.

(1) *Clinical assistants*.—Clinical assistants in all teaching institutions must hold the degree of M.B.B.S. or its equivalent. The minimum period of appointment should be for two years and the maximum for five years.

If an honorary medical officer has served as house surgeon or house physician this shall be taken as a recommendation for his appointment and such a period as house surgeon or house physician may be allowed to shorten his period as a clinical assistant by a maximum of one year.

(2) *Honorary assistant surgeons and physicians*.—There should be no time-limit for the tenure of office of an honorary assistant surgeon or honorary assistant physician.

An honorary assistant surgeon or physician must have previously performed a minimum period of two years as a clinical assistant of which up to one year may be shortened by previous service as a house surgeon or house physician.

[3rd November 1931

(3) *Honorary physicians and surgeons.*—One of the following academic qualifications shall be considered essential :—

M.D., M.S., M.R.C.P., F.R.C.S., F.C.O.G. or one of the special diplomas signifying skill in the speciality of his appointment.

IV. *House surgeons and house physicians.*—The qualifying period as house surgeon or house physician must be spent in a hospital approved for that purpose by the Surgeon-General.

Though a residential qualification in the hospital is not essential for a house surgeon or house physician it is considered preferable.

The service of a house surgeon or house physician is to be whole-time at the hospital he serves. He cannot engage in any sort of private practice during his service as house surgeon or house physician.

No period less than six months as a house surgeon or house physician is to be counted towards the deduction of the period to be spent as a clinical assistant.

V. For honorary appointments the recommending authority to Government should be as heretofore the Surgeon-General.

VI. The Committee considers that it is impossible at the present stage to specify exactly whether any more or how many paid Government medical officers may be replaced by honorary medical officers, but the number should certainly increase and the Surgeon-General will indicate so far as possible when and where this can be done.

VII. *Allocation of duties to honorary medical officers.*—In both teaching and non-teaching institutions the honorary officers of the third or highest grade (physician or surgeon) should always have a certain number of hospital beds in their charge. As regards officers of the other two grades the allocation of their duties either in the in-patient or out-patient department or in both will be done by the superintendent of the hospital in the Madras City or by the District Medical Officer in the mufassal, leaving the Surgeon-General as a possible source of appeal if necessary.

VIII. Medical officers desirous of honorary appointments in special subjects, but who have not had the special training necessary to give them proficiency in that subject, should be trained free of cost at one of the Government Medical Colleges or hospitals attached to a teaching institution for the period considered necessary by the Surgeon-General to give them proficiency, on condition that they execute a bond to the effect that they will serve Government as honorary medical officers in that speciality for a minimum period of two years at a place to be agreed to beforehand by the applicant and the Surgeon-General.

IX. *Times of attendance.*—(*a*) Honorary medical officers who have charge of hospital beds should attend the hospital daily except Sundays. Medical officers who have only out-patients in their charge may attend daily, but need not attend, after previous arrangement with the superintendent of the hospital and the district medical officer, more than three days a week.

(*b*) In non-teaching institutions honorary medical officers must make their hospital visits during the recognized hospital working hours.

3rd November 1931]

(c) In the case of teaching institutions the honorary officers shall be present at the respective hospitals on such days and at such hours as may be necessary for the proper instruction of the student—vide Rule 10 of G.O. No. 1373, P.H., dated 31st May 1929:—

In the hospitals which form training grounds for medical students, the honorary officers will be responsible for imparting clinical instruction to students in connexion with the beds in their charge in accordance with such plans as may be laid down by the professor in charge of the medical or surgical unit or by the Superintendent of the hospital.

(d) In the case of clinical assistants, honorary assistant surgeons and honorary assistant physicians the hours of attendance at the hospital will be laid down by agreement with the honorary officer and the superintendent of the hospital after approval by the Surgeon-General.

X. *Reports on officers.*—There should be confidential reports on honorary medical officers submitted annually to the Surgeon-General in the same manner that confidential reports are submitted on Government officers. It will be advisable to devise a special and simpler form for the reports on honorary medical officers.

XI. *Leave.*—*Casual leave* up to 15 days in a year, as to Government medical officers, may be granted to honorary medical officers.

Ordinary leave may be granted up to one month in a year. More than one month cannot be given except in cases of sickness. The one month a year leave can be accumulated up to a maximum of three months at one time.

Sick leave can be given on an acceptable medical certificate.

Long leave.—Honorary medical officers should be considered available for long leave on the following terms:—

An honorary medical officer should be considered to have a lien on his appointment during the long leave if he has served at least one year and desires a period of study leave, or, if the leave desired does not include a period of study, then he should have served at least five years before being considered to have a lien on his appointment.

The period of lien may extend to two years' absence if the leave includes a period of study; but only to one year's absence if the leave does not include a period of study.

Substitutes for honorary medical officers during the period of their leave will be arranged by the superintendent of the hospital: honorary medical officers are expected to aid the superintendent so far as possible by giving as long notice as possible of their expected absence and by full appreciation of their responsibility towards their patients.

XII. *Termination of service.*—A notice of three months as already laid down is necessary on either side.

Re-employment.—If an honorary medical officer be re-employed after discharge, he will be re-accepted into his former rank.

XIII. *Transfer.*—Transfer of honorary medical officers from one hospital to another in Madras City will be effected by the Surgeon-General having regard to the needs of the hospital concerned and provided the transfer be agreeable to the honorary officer concerned.

[3rd November 1931

XIV. Salary of paid appointments when filled by honorary medical officer :—

(1) Recognizing the limitation of the terms of reference of this Committee and without recommending any increase of expenditure, the Committee express the opinion that when an academic appointment is combined with honorary clinical work, the honorary medical officer holding these two appointments should receive a remuneration for the academic teaching.

(2) If an honorary medical officer be put in charge of a hospital or dispensary during the absence on leave of a Government medical officer, the honorary medical officer should be paid an honorarium not for professional work, but for the administration of Government affairs that he carries out during that period.

XV. *A special case.*—The Committee considers that graduates who have served as house-surgeons and house-physicians and have been selected or may be selected after the competitive examination for assistant surgeons in the year 1929 may be permitted to commence service in an honorary appointment in the grade of honorary assistant surgeon or physician.

C. A. Sprawson.
R. G. G. Croly.
A. L. Mudaliyar.
N. Venkataswami.
T. Krishna Menon.
T. Satakopan.
U. Rama Rao.
K. B. Bhujanga Rao.

Appendix VII.

[Vide Item III " A Bill to amend the Madras Elementary Education Act, 1920" at page 552 supra.]

BILL No. 24 OF 1931.

A Bill to amend the Madras Elementary Education Act, 1920.

To

The Honourable the LEGISLATIVE COUNCIL
of the GOVERNOR of MADRAS.

We, the undersigned members of the Select Committee appointed on the 30th of October 1931 to consider the Bill to amend the Madras Elementary Education Act, 1920 (Bill No. 24 of 1931), have the honour to submit the following report.

2. The Bill was published in the *Fort St. George Gazette* in English on the 20th October 1931.